

**City of San Diego
Golf Division
Tournament Request Form**

Date: _____

Company Name: _____

Primary Contact: _____ Phone # _____

Phone # _____ e-mail: _____

Of Players: _____

| | | |
|--|--|--|
| 1 st Request: Date of Play: _____ Course: _____ Torrey Pines N/S: _____ Balboa GC: _____ Mission Bay GC: _____ | 2nd Request: Date of Play: _____ Course: _____ Torrey Pines N/S: _____ Balboa GC: _____ Mission Bay GC: _____ | 3 rd Request: Date of Play: _____ Course: _____ Torrey Pines N/S: _____ Balboa GC: _____ Mission Bay GC: _____ |
|--|--|--|

Tournament Services Requested:

| <u>SERVICE</u> | <u>YES</u> | <u>NO</u> |
|--------------------------------|-------------------|------------------|
| FOOD:----- | _____ | _____ |
| BEVERAGES:----- | _____ | _____ |
| PRACTICE RANGE:----- | _____ | _____ |
| SCORING:----- | _____ | _____ |
| ON-COURSE CONTESTS:---- | _____ | _____ |

[Additional Tournament Information Available \(Click Here\)](#)

Email to Tournaments@san Diego.gov

Or return by FAX to (858) 552-1789